PTO/SB/21 (08-03)

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TRANSMITTAL FORM  (to be used for all correspondence after initial filing)		Application Number	09/987,769
		Filing Date	November 15, 2001
		First Named Inventor	A. J. Nejezchleb, et al.
		Art Unit	1753
		Examiner Name	Mayekar, K.
Total Number of Pages in This Submission	8	Attorney Docket Number	SAIC0020-CON

ENCLOSURES (check all that apply)							
Fee Transmittal Form	☐ Drawing(s)	After Allowance Communication to Group					
	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences					
Amendment / Reply	Petition	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)					
After Final	Petition to Convert to a Provisional Application	Proprietary Information					
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter					
Extension of Time Request	Terminal Disclaimer	Other Enclosure(s) (please identify below):					
Express Abandonment Request	Request for Refund  CD, Number of CD(s)						
☐ Information Disclosure Statement							
Certified Copy of Priority Document(s)	Remarks						
Response to Missing Parts/ Incomplete Application							
Response to Missing Parts under 37 CFR 1.52 or 1.53							
Michael J. Dimino SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm or Individual name  George T. Marcou, F							
Signature H.	M.D. 44,657 April 14, 2004						
Date April 14, Z	April 14, 2004						
	CERTIFICATE OF MAILING						

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PTO/SB/17 (10-03)

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FEE TRANSMITTAL	pplication Number	09/987,769
for FY 2004 \√ "" \ ` ]	Filing Date	November 15, 2001
	Fitst Named Inventor	A. J. Nejezchleb, et al.
Effective 10/01/2003. Patent fees are subject to annual revision TRADEM	Examiner Name	Mayekar, K.
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1753
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METHOD OF PAYMENT (check all that apply)  Solution	Paid
Check	
Order  Deposit Account:  Deposit Account  Number  Deposit Account Number  Deposit Account Number  Deposit Account Number  Deposit Account Number  Deposit Account Account Number  Deposit Account Account Account Account Name  Deposit Account Account Name  The Director is authorized to: (check all that apply)  Deposit Account Name  Large Entity Small Entity  Fee Code (\$) Code (\$)  The Director is authorized to: (check all that apply)  Fee Description Fee Code (\$) Code (\$) Number  The Director is authorized to: (check all that apply)	
Deposit Account Number  Deposit Account Number  Deposit Account Number  Deposit Account Name  Name  Name  Number  Number  Deposit Account Name  Number  Number  Number  Deposit Account Name  Name  Number  Nu	
Account Number  Deposit Account Name  Name    1051   130   2051   65   Surcharge - late filing fee or oath   1052   50   2052   25   Surcharge - late provisional filing fee or cover sheet.    1053   130   1053   130   Non-English specification   1812   2,520   1812   2,520   For filing a request for reexamination   1804   920*   1804   920*   1804   920*   Requesting publication of SIR prior to   Examiner action	50
Number  Deposit Account Name  KILPATRICK STOCKTON LLP Name  The Director is authorized to: (check all that apply)  Account Number  1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet.  1053 130 1053 130 Non-English specification 1812 2,520 1812 2,520 1804 920* Requesting publication of SIR prior to Examiner action	50
Deposit Account Name  KILPATRICK STOCKTON LLP Name  Location  KILPATRICK STOCKTON LLP Name  Location  KILPATRICK STOCKTON LLP Name  Location  1053 130 Non-English specification 1812 2,520 For filing a request for reexamination 1804 920* Requesting publication of SIR prior to Examiner action	50
Name  1804 920* Requesting publication of SIR prior to  Examiner action	50
The Director is authorized to: (check all that apply)  The Director is authorized to: (check all that apply)  Examiner action	50
☐ Charge fee(s) indicated below ☑ Credit any overpayments   1805   1,840*   1805   1,840*   Requesting publication of SIR after	50
☐ Charge any additional fee(s) during the pendency of this application	50
Charge fee(s) indicated below, except for the filling fee 1251 110 2251 55 Extension for reply within first month	50
to the above-identified deposit account.  1252 420 2252 210 Extension for reply within second month	50
1. BASIC FILING FEE 1253 950 2253 475 Extension for reply within third month	
Large Entity Small Entity 1254 1,480 2254 740 Extension for reply within fourth	
Fee Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid  1255 2,010  2255 1,005 Extension for reply within fifth month	
1001 770 2001 385 Utility filing fee 1401 330 2401 165 Notice of Appeal	
1002 340 2002 170 Design filing fee 1402 330 2402 165 Filing a brief in support of an appeal	
1003 530 2003 265 Plant filing fee 1403 290 2403 145 Request for oral hearing	
1004 770 2004 385 Reissue filing fee 1451 1,510 Petition to institute a public use proceeding	
1452 110 2452 55 Petition to revive – unavoidable	,
SUBTOTAL (1) (\$) 0 1453 1,330 2453 665 Petition to revive – unintentional	
1501 1,330 2501 665 Utility issue fee (or reissue)	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 1502 480 2502 240 Design issue fee	
Extra Fee from Fee 1503 640 2503 320 Plant issue fee Claims below Paid	
Total Claims -20 ** = 0 X = 0 1460 130 Petitions to the Commissioner	
Independent 1807 50 1807 50 Processing fee under 37 CFR 1.17 (q)	
Claims = 0 X = 0 1806 180 Submission of Information Disclosure Strnt	
Multiple X = 0 Recording each patent assignment Dependent 8021 40 per property (times number of properties)	
Fee Fee Fee Fee Pescription 1809 770 2809 385 Filing a submission after final rejection	
Code (\$) Code (\$)	——
1202 18 2202 9 Claims in excess of 20 1810 770 2810 385 For each additional invention to be examined (37 CFR § 1.129(b))	
1203 290 2203 145 Multiple dependent claim, if not paid 1801 770 2801 385 Request for Continued Examination (RCE)	
1204 86 2204 43 ** Reissue independent claims over original patent 1802 900 1802 900 Request for expedited examination	$\dashv$
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent Other fee (specify)	
SUBTOTAL (2) (\$) 0 *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 950	_
**or number previously paid, if greater, For Reissues, see above	

SUBMITTED BY Complete (if applicable) wheel J. Dimind Registration No. (Attorney/Agent) Name (Print/Type) George T. Marcou 33,014 Telephone 202 508 5800 Signature 44,657 Date

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